

**Green Mountain Care Board** 89 Main Street Montpelier, VT 05620 [phone] 802-828-2177 www.gmcboard.vermont.gov Alfred Gobeille, Chair Cornelius Hogan Jessica Holmes, PhD Robin Lunge, JD, MHCDS Betty Rambur, PhD, RN Susan Barrett, JD, Executive Director

## DELIVERED ELECTRONICALLY

December 1, 2016

Ms. Shireen Hart, Esq.
Primmer, Piper, Eggleston & Cramer, PC
150 South Champlain St.
PO Box 1489
Burlington, VT 05402

RE: Docket No. GMCB-006-16con, Proposed Purchase of Maple Lane Nursing Home (Barton), Union House Nursing Home (Glover) and Pines Rehabilitation and Health Care Center (Lyndonville), Project cost: \$8,725,000.

## Dear Shireen:

Thank you for the application for the above referenced project. The information requested below is needed to complete our review. Please respond to the following:

- 1. Revise and resubmit the following: Overall star rating (Attachment 50); overall staffing star rating (Attachment 51); and overall RN staffing star rating (Attachment 52), for the 37 facilities the applicants hold interests in. Please add star ratings for six months prior to acquiring interests in each facility and add star ratings for October, November and December 2016. When calculating the averages, only include the period for which the applicants have had interests in each facility. Identify the facilities managed by Priority Healthcare and start date of management.
- 2. Correct and resubmit Attachment 57 to reflect the correct overall star ratings for Holliswood and Williamsbridge during David Gamzeh's and Akiva Glatzer's tenure. Use the same format used in the Rowan Court application.
- 3. The nursing home administrators for the three facilities must be licensed in Vermont. Explain your plans for recruiting three new licensed Administrators for the three facilities.
- 4. Identify the Regional Clinical Director and Vice President of Clinical Services who will be working at the three facilities on an as-needed basis. (See page 29 of application.). Explain the specific duties the Regional Clinical Director and Vice President of Clinical Services will provide to Maple Lane, Union House and Pines Rehabilitation and provide resumes.



- 5. The application (page 29) represents that Messrs. Glatzer and Gamzeh expect to spend a minimum of eight hours weekly at Maple Lane, Union House, Pines Rehabilitation during the transition. It is also represented that Mr. Lerner is expected to be on site at least eight hours per week. The applications for Rowan Court and Newport Health Care Center represent that Messrs Glatzer, Gamzeh and Lerner will each also be spending a minimum of eight hours a week at Rowan Court and Newport. Please provide a chart that shows the expected number of hours per week and duration that Messrs. Glatzer, Gamzeh and Lerner will be on site at Rowan Court, Newport, Maple Lane, Union House and at Pines Rehabilitation.
- 6. Explain the delivery of hospice and palliative care at each of the three facilities and the number of individuals who received hospice care at each of the three facilities in the most recent 12-month period and specify that period.
- 7. Maple Lane, Union House and Pines Rehabilitation currently contract with Deer Oaks for mental health services. Explain how the proposed new owners will provide mental health services and psychiatric services for residents at each facility.
- 8. Confirm whether the financial tables represent the 2% decrease in Medicare payments imposed by Sequestration.
- 9. Of the services Priority Healthcare offers listed on page 31 of the application, in a table format list the names of each of the entities Priority Healthcare provides services to, list the services each purchase and number of Priority Healthcare staff assigned to each facility/entity.
- 10. Indicate the date for the data shown for the quality measures reflected in Attachment 53.
- 11. Using the same format presented in Attachment 53, provide a quality measures matrix for the most recent period for Maple Lane, Union House and Pines Rehab. For each of these facilities, list the measures that fall below the state average and explain how the applicants will improve each.
- 12. On pages 44 and 47 of the application it is noted that the three facilities will admit more people with behavior management needs. Explain whether additional staff will be required at each facility to implement this change, and if so, confirm whether additional staff are included in the financial projections for each facility. Explain any additional training that will be implemented at each facility to care for persons with behavior management needs.
- 13. On page 40 of the application it is represented that if the new owners determine that staffing levels are inadequate, levels will be increased to meet the immediate and long-term needs of the residents. Explain how additional staffing levels would be paid for, if needed, to meet the immediate and long-term needs of the residents.



- 14. Submit a copy of the letter of support from the Department of Disabilities, Aging and Independent Living once it is received.
- 15. (Attachment 5): The Medical Director, Dr. Maria Fatigati's license expires on 11/30/16. Submit a copy of her renewed license once it is available.
- 16. (Attachment 26): Explain the reason for the disciplinary action for Francis Cheney opened in 2006 and closed in 2008.
- 17. (Attachment 28): Dr. Joyce Dobbertin's license expires on 11/30/16. Submit a copy of her renewed license once it is available.
- 18. (Attachment 31): Denial of Payment for Pines Rehab is indicated. Provide the reasons for denial of payment and amount of funds that were withheld.
- 19. Attachment 9): Provide the nature of the disciplinary action against HealthDirect Institutional Pharmacy Services, Inc. in 2004. Identify the pharmacy(s) the applicants intend to contract with for each of the three facilities.
- 20. Provide a letter of commitment from HHC Finance once it is available.
- 21. Page 42. HRAP Standard 1.6. Provide a more detailed explanation for collecting and monitoring data related to health care quality and outcomes.

In responding, restate the question in bold font and respond in unbolded font. Send the original and two hard copies (three-hole punch one hard copy) with a Verification Under Oath to my attention at the Green Mountain Care Board, 89 Main Street, Montpelier, Vermont 05620, and an electronic copy to me at <a href="mailto:donna.jerry@vermont.gov">donna.jerry@vermont.gov</a>.

If you have any questions, please do not hesitate to contact me at (802) 828-2918.

Sincerely,

## s/ Donna Jerry

Donna Jerry Senior Health Policy Analyst

cc. Long Term Care Ombudsman

